



<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/622,932-Conf. #3572
<b>TOTAL AMOUNT OF PAYMENT</b>		Filing Date	July 18, 2003
(\$)		First Named Inventor	Subhashis BANERJEE
1,860.00		Examiner Name	D. J. Blanchard
		Art Unit	1643
		Attorney Docket No.	BBI-8187RCE

**METHOD OF PAYMENT** (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   Deposit Account Number: 12-0080   Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

**Total Claims**   22   - 29 =   0   x   0   =   0   **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**   3   - 8 =   0   x   0   =   0   **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

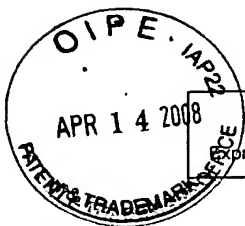
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>22</u>	<u>- 100 =</u>	<u>/50 =</u>	<u>(round up to a whole number) x</u>	<u></u>

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...	810.00
1253 Extension for response within third month	1,050.00

<b>SUBMITTED BY</b>		Registration No.	55,281	Telephone	(617) 994-0796
Signature		(Attorney/Agent)		Date	April 14, 2008
Name (Print/Type)	Cristin Howley Cowles, Ph.D.				



Express Mail Label No. EM066479406US Dated: April 14, 2008

Docket No.: **BBI-8187RCE**  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Subhashis Banerjee *et al.*

Application No.: 10/622,932

Confirmation No.: 3572

Filed: July 18, 2003

Art Unit: 1643

For: TREATMENT OF TNF alpha RELATED  
DISORDERS

Examiner: D. J. Blanchard

**REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER**

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed. Please take notice that the Attorney Docket Number for this application should now be as follows:

**BBI-8187RCE**

Please reference **BBI-8187RCE** on all future correspondence.

Dated: April 14, 2008

Respectfully submitted,

By 

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